SUBMIT: COMPLETED APPLICATION, TAX Planning and Zoning Depart. Bayfield County

Washburn, WI 54891 (715) 373-6138

AUG 2:0 2012

INSTRUCTIONS: No permits will be issued until all fees are paid.

Checks are made payable to: Bayfield County Zoning Department.

DO NOT START CONSTRUCTION UNTIL ALL PERMITS HAVE BEEN ISSUED TO APPLICANT

Bayfield Co. Zoning Douts FIL

Telephone: 715-372-8256

PELICATION FOR PERMIT
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OUT THIS APPLICATION (visit our website www.bayfieldcounty.org/zoning	OUT THIS APPLICATION (V
Refund:	Ref
1/8/20/12	N. 1
Amount Paid: 7575	Am
10:3:10	Date:
18-0398	Permit #:
AT 182	
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TYPE OF PERMIT REQUESTED - X LAND USE Address of Prope Contractor: Authorized Agent: (Person Signing Application on behalf of Owner(s)) 10900 Eagle  $\chi$  Shoreland 1,000. □ Non-Shoreland er's Name Value at Time of Completion PROJECT LOCATION donated time & Existing Structure: (If permit being applied for is relevant to it) Proposed Construction: Kesidential Use material Section Municipal Use include Proposed Use Commercial Use 1/4, 200 W V. (JONO) Legal Description: (Use Tax Statement) Lake ☐ Is Property/Land within 1000 feet of Lake, Pond or Flowage
☐ Is Property/Land within 1000 feet of Lake, Pond or Flowage Is Property/Land within 300 feet of River, Stream (incl. Intermittent)
Creek or Landward side of Floodplain? If yes—continue — (What are you \_ , Township . New Construction Relocate Conversion Run a Business on Property Project Road Penise E. Halada applying for)  $\Box$ 5 ting bldg) Principal Structure (first structure on property)
Residence (i.e. cabin, hunting shack, etc.) Gov't Lot Mobile Home (manufactured date) Bunkhouse w/ ( sanitary, Accessory Building (specify)
Accessory Building Addition/Alteration (specify) Special Use: (explain) Addition/Alteration Other: (explain) Conditional Use: (explain) FAILURE TO OBTAIN A PERMIT OF STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES ray accompanying information) has been examined by me (us) and to the best of my (our) knowledge and belief it is true, correct ray accompanying information (we) am (are) providing and that it will be relied upon by Bayfield County in determining whether to issue you of all information (we) am (are) providing and that it will be relied upon by Bayfield County in determining whether to issue you of all information (we) am (are) providing and that it will be relied upon by Bayfield County in determining whether to issue you of all information (we) am (are) providing and that it will be relied upon by Bayfield County in the county of the county \_ N, Range # of Stories and/or basement X with a Porch with (2<sup>nd</sup>) Porch No Basement 1-Story + Loft with a Deck 2-Story 1-Story with Loft with Attached Garage Foundation with (2<sup>nd</sup>) Deck SANITARY PRIVY CONDITIONAL USE SPECIAL USE B.O.A.

| Mailing Address: Deltist, Halada City/State/Zip: Lot(s) 5 4/21 Raymond Rand Iron Piller, City/State/Zip Contractor Phone: PIN: (23 digits)
04-0/6-2-46-08-03 Agent Phone: ٤ (specify) or 🛘 sleeping quarters, or 🗎 Length: Proposed Structure Length: Year Round Seasona Town of: Vol & Page replace deck Use 10 Agent Mailing Address (include City/State/Zip): F 4 Distance Structure is from Shoreline: Distance Structure is from Shoreline : fee 4 bedrooms Lot(s) No. 2 IS AN PON None w 40 cooking & food prep facilities) 54847 9 ☐ Municipal/City ※ (New) Sanitary Block(s) No. Width: Width: None Sanitary (Exists) Specify Type Privy (Pit) or Uaulted (n Portable (w/service contract) Compost Toilet 20 Sewer/Sanitary System
Is on the property? Recorded Document: (i.e. Property O 5371 Subdivision: Lot Size What Type of feet feet Specify Type: Con within Vaulted (min 200 gallon) Is Property in Floodplain Zone? Dimensions ect and complete. I (we) acknow sue a permit. I (we) further acce listering county ordinances to h Sep. Cell Phone: 608-547-242 38-517-343 808-517-343 **⊠**Yes □ No Attached Plumber Phone: × × Height: Written Authorization Height: Page(s) うん 3 Acreage ď. No. Are Wi

APPLICANT - PLEASE COMPLETE PLOT PLAN ON REVERSE SIDE

you recently purchased the p

Attach
Copy of Tax Statem
property send your Re

Address to send permit\_

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Raymond

Rec d for ISSLAN (Chare signing on behalf of the owner(s) a letter of authorization must accompany this application)

Owner(s) // Owners listed on the Deed All Owners must sign or letter(s) of authorization must ac

10 Miss

mpany this application)

Date

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I (we) declare that this application (including any accompanying information) (am (are) responsible for the detail and accuracy of all information (we) and (are) responsible for the detail and accuracy of all information (we) and (and may be a result of Bayfield County relying on this information (we) and (are any be a result of Bayfield County relying on this information (we) and (are any be a result of Bayfield County relying on this information) above described property at any reasonable time for the purpose of inspection above described property at any reasonable.

Sanitar   Sanitar   Sanitar   Sanitar   Sanitar   Sanitar   Permit Denied (Date);   Reason   Permit #   Q = 0398   Permit #   Q = 0398   Permit   Reason   Reason	Description  Measurement  Setback from the Centerline of Platted Road  Setback from the Established Right-of-Way  Setback from the Established Right-of-Way  Setback from the South Lot Line  Setback from the Setback from Wetland  Feet  Setback from Wetland  Setback from Wetla	Show any (*):  70  93  Arivu  Reviewed  Reviewed	n of: te: t of (*):
Sanitary Number: 13-855 # of bedrooms: 2 Reason for Denial:  Permit Date: 10-3-100 Mitigation Required X Yes   No mitigation Attached X Yes   No mitigation Attached X Yes   No   No   No   No   No   No   No   N	Description  Measurement  Changes in plans must be approved by the p  Description	Total 512' 9" Both Slakes of States	Proposed Construction (Octted Line)  North (N) on Plot Plan  (*) Driveway and (*) Frontage Road (Name Frontage Road)  All Existing Structures on your Property  (*) Well (W); (*) Septic Tank (ST); (*) Drain Field (DF); (*) Holding Tank (HT) and (*) Lake; (*) River; (*) Stream/Croek- or (*) Pond
Affidavit Required Kyes   No Affidavit Attached Xyes   No	Escription  Measurement  (ordinary high-water mark)  Stream, Creek  or Bluff  Feet  or Bluff  Feet  or Bluff  Peet  Feet  Feet		for (*) Privy (P) New to he